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Elizabeth Orleman

(Depositor's name)

Elizabeth Orleman

(Signature)

7/8/05

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/055,095	01/23/2002	Chuan-Chieh Huang	TS01-614	8096

TITLE OF INVENTION: METHOD TO IMPROVE VIA OR CONTACT HOLE PROFILE USING AN IN-SITU POLYMER DEPOSITION AND STRIP PROCEDURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	07/20/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PERT, EVAN T	2826	438-597000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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 3. _____

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TAIWAN SEMICONDUCTOR MANUFACTURING
 COMPANY, LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HSIN-CHU, TAIWAN R.O.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Joseph A. Powers

Date

7/8/05

Typed or printed name

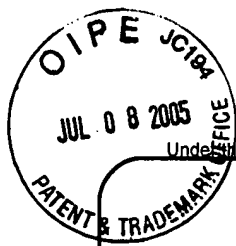
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47,006

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**TRANSMITTAL
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(to be used for all correspondence after initial filing)

Application Number	10/055,095
Filing Date	January 23, 2002
First Named Inventor	Chuan-Chieh Huang
Art Unit	2826
Examiner Name	Evan T. Pert
Attorney Docket Number	2001.0614/N1085-90128
Total Number of Pages in This Submission	3

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee(s) Transmittal Form PTOL-85B (in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Allowance <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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Firm or Individual name	Joseph A. Powers, Reg. No. 47,006 Duane Morris LLP, Customer Number 08933
Signature	<i>Joseph A. Powers</i>
Date	7/8/05

CERTIFICATE UNDER 37 CFR 1.10

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